



A program of  
Catholic Charities

## Client Satisfaction Survey—Pregnancy Counseling

We are committed to offering the best services possible. You can help us evaluate our services by taking a few minutes to answer the following questions. **The information you provide is confidential.**

As you think about the services you received at Catholic Charities, please fill in the circle on each line that best represents your opinion. If you have not experienced the specific item asked about in a question, please shade the “Does not apply” option.

Date (mm/dd/yy): \_\_\_\_/\_\_\_\_/\_\_\_\_

Name of your social worker : \_\_\_\_\_

I chose to: ☐ parent my child.  
☐ make an adoption plan for my child.  
☐ other: \_\_\_\_\_

**Please rate the following:**

Please shade circles like this: ●					
Does not apply	Poor	Fair	Good	Very Good	Excellent

1. The courtesy/respect shown by our office staff.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. The knowledge and skill level of your social worker.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. The attractiveness, cleanliness and comfort of the offices.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. How fair/reasonable the fees are.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. How safe you felt while accessing our services.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. The extent to which you were treated with respect and dignity.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. The time spent understanding your strengths, needs and concerns.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. The extent to which you were able to identify your pregnancy needs and set personal goals for your work with Catholic Charities (eg., decision-making, parenting education, exploring adoption, receiving legal counsel, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. The extent to which you met the goals you and your social worker discussed.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. How well our pregnancy counseling services helped you with your situation.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. The overall quality of the care and services you received.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. Your willingness to use this agency again in the future if needed.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. Your willingness to recommend this agency to your family and friends.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. Your awareness of at least 2 community resources that might be helpful to you and/or your baby, or to a friend who has an unplanned pregnancy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**15. How could we have served you better?**

**Optional:** Sign here if you would like your social worker to know these comments came from you.  
X \_\_\_\_\_

The following is asked strictly for statistical information. Your responses will not be connected to your name even if you sign this form.

Your age:   Gender: ☐ Male ☐ Female Race/Ethnicity: \_\_\_\_\_  
Religion: \_\_\_\_\_

**Please use the back of this form to make any additional comments about our agency, your social worker and/or the services you received. We do value your feedback. Thank you!**

Rev. 5/13/15